

INPATIENT DIABETES EDUCATION: IMPROVING TRANSITIONS IN CARE

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Purpose

The aim of this project was to improve the incidence and documentation of discharge teaching given to diabetics on a primarily surgical hospital unit. This improvement was attempted through implementing a diabetes teaching tool for nurses to guide education and assist in documentation.

Background and Evidence Review

Incidents of patients being given all diabetes education on the day of discharge and in some cases staying an additional day to complete that education initially highlighted this process as one that could be improved. When surveyed nursing staff revealed that they felt diabetic patients received appropriate discharge teaching “sometimes.” A review of 20 charts of diabetics discharged in quarter 4 of 2010 tallied only two documented incidents of diabetes teaching. Examination of the literature indicated that the transition from inpatient to outpatient care for diabetics is poorly studied but several studies recommended using a teaching tool or care plan to coordinate care and ensure proper discharge.

Methods

A teaching tool was designed based on previously implemented tools to cover the American Diabetes Association's recommended inpatient teaching points. This tool was trailed for two weeks on three patients and revisions were made based on nurse feedback. Following the revision, a week was spent conducting in-services with all staff nurses on how to use the tool. At this point the tool was implemented for all patients with diabetes.

Results

After four weeks of implementation eight charts were collected with a total of 43 incidents of diabetes teaching documented. However, discharge teaching was still being started late in the admission, rather than the first day of admission. Conversations with staff indicated that use of the tool and shift to shift communication about diabetes teaching had not been fully adopted into unit culture.

Conclusion

Implementation of a diabetes teaching tool led to an increase in documented diabetes teaching. Based on this outcome we believe that use of the tool should be maintained with further efforts to integrate use of the tool into unit culture. It has become clear that staff need additional resources to provide quality teaching including a refresher course on diabetes and teaching tools such as DVDs to reduce the burden of teaching. However, this program does not replace the need for a dedicated multidisciplinary inpatient diabetes team that “owns” the diabetic population.

Selected References

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Key Words

Diabetes, Teaching, Inpatient, Transition